



## Residential Trash & Recycling Opt Out Reversal

(Only use this form if you want to participate in the city wide trash & recycling program)

Customer Name\_\_\_\_\_

Service Address\_\_\_\_\_

City, Zip\_\_\_\_\_

Carmel Utilities Acct. # (if applicable)\_\_\_\_\_

Email Address\_\_\_\_\_

Mailing Address (if different than Service Address)\_\_\_\_\_

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Opt In Form May be sent to:  
City of Carmel Utilities  
30 W Main St Ste 220  
Carmel, IN 46032  
Fax: 317-571-2462  
Email: [carmeltrash@carmel.in.gov](mailto:carmeltrash@carmel.in.gov)  
or  
[utlcustomerservice@carmel.in.gov](mailto:utlcustomerservice@carmel.in.gov)

I hereby request to opt into the City of Carmel trash and recycling program. I understand and agree to all program associated fees and opt out periods. The trash and recycle program opt out period occurs once each year during the month of June. Program opt out is not available at any other time.

I further agree to all terms and conditions of the City of Carmel trash and recycling program including but not limited to: Items accepted for recycling service, Items accepted for trash service, alternate service dates, temporary account suspension, etc. I understand that all terms and conditions can be changed at anytime without prior notice.

Signature:\_\_\_\_\_